



Cobb County Business License Division

Mailing Address: P.O. Box 649

Marietta, Georgia 30061

Office Location: 1150 Powder Springs Street, Suite 400

Marietta, Georgia 30064

Phone (770) 528-8410 Fax (770) 528-8414

Web site Address - www.cobbcounty.org

Email Address: businesslicense@cobbcounty.org

Application For Sole Proprietor Occupation Tax Certificate

The application must be filled out **completely** to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. ***You will not be billed.*** Please print with ink or type. For further information on determining tax and/or fee amount see our website at www.cobbcounty.org, and click on Business, Business License Division, then Business Registration.

This business is: ☐ New Application
☐ Ownership Change / Date ownership changed _____
☐ I am filing a name /or address change for # _____

Is this business located: ☐ Outside Cobb Co. ☐ In Unincorporated Cobb ☐ Inside City Limits

1. Name Doing Business As _____ Business Phone # () _____

2. Business Address _____ Suite# _____ City _____ State _____ Zip _____

3. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

Email Address _____

4. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial

5. Full Detailed Description of Business _____

6. Estimated Gross Receipts in GA from this location for the current calendar year \$ _____

Gross Receipts in GA from this location for the calendar year prior to this application \$ _____

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

7. Date Business began in Cobb County _____ # of employees in Cobb _____

8. State Sales Tax ID # _____ Federal ID # _____

9. Name of Sole Proprietor _____ SS# _____ DOB _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

Email Address _____

10. Name of person completing application _____ Title _____

Business Address _____ Apt# _____ City _____ State _____ Zip _____

Business Phone () _____ Alternate Phone () _____

Email Address _____

11. Name of manager(s) of this location _____

12. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? _____ If yes, please list all dates and locations of the offenses and disposition of charges. _____

13. Are you currently delinquent in payment of any taxes or fees to any state or local government? _____
If yes, Please indicate the type of tax or fee, the amount due with the reason the tax is delinquent. _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

**I will comply with the Zoning
Restrictions stated above: _____
(initials)**

Signature: _____

I, _____, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is ground for automatic dismissal of this application and/or revocation of the certificate. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations. The granting of this business registration certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce all laws, ordinances & regulations.
This _____ day of _____, 20____.

Signature of applicant _____
() Owner () Manager () Other specify _____

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEVELOPMENT AND INSPECTIONS DIVISION.

OFFICE USE ONLY:

Occ. Tax Cert. # _____

SIC Description _____ **Category** _____ **BL STAFF** _____

Due current yr _____ **Due previous yr** _____ **Due for 2 yrs prior to current yr** _____

Penalty _____ **Interest** _____ **Total Due\$** _____ **Receipt #** _____

Method of payment: CASH / CHECK # _____ **Zoning Division** _____ **Approved/Denied**
(circle one) (circle one)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____, [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: